

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-49750536
Administrative Data	Address: <i>Texas</i>		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: <i>New</i>	Location and date of incident <i>Texas</i> <i>08/18/2017</i>	Date registrant became aware of incident: <i>9/18/2017</i>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) <i>35935-94-53883</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 Name <i>Martins Weed Killer Concentrate 1 gal</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <i>Own Residence</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <i>See Description Notes</i>	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <i>See Incident Description</i>			

\*Personal privacy information\*

*9/18/2017 1:19:27 PM Martins Weed Killer Conc 1 gallon  
EPA reg #35935-94-53883*

*H: Caller used the product and breathed in the spray and now has a HA, the top of her head hurts and roof of her mouth feels like it is burnt.*

*WT to DG.*

*9/18/2017 1:28:47 PM Martins Weed Killer Conc 1 gallon  
EPA reg #35935-94-53883*

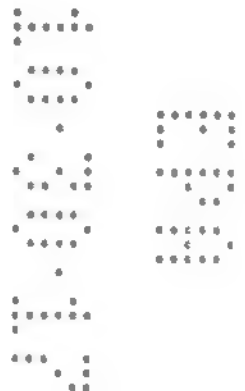
*Hx: She was exposed to this 4-5 weeks ago while spraying a 100 ft fence without a face mask. Within the next day or two she started getting pain on the top of her head and the roof of her mouth and the inside of her nose hurt. She also had dizziness. The symptoms have been on and off since.*

*A: - Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.*

*- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.*

*- I would not expect the symptoms you've described, especially persisting how they have. Recommend seeking medical attention and looking for other potential causes.*

*- As per SDS, the product can be used without a respirator under typical circumstances.*



# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <b>Unknown Adult (18-64)</b> Sex: <b>Female</b> Occupation: (if relevant)	Exposure route: <b>Inhalation</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)?  <b>Not applicable</b>
If female, pregnant? <b>Did not query</b>	Was exposure occupational? <b>No</b> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <b>See Symptoms</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>On-site</b>	List signs/symptoms/adverse effects.  <b>Pain (other), 3 days or less;</b> <b>Dizziness, 3 days or less;</b>		If lab tests were performed, list test names and results (If available, submit reports).  <b>Not Reported</b>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <b>HC</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
**1-49750536**